Eπective October 1, 2003									, , ,	···	/			
CLAIMS AS FILED - PART I								10669768						
TOTAL		(Column 1) (Column 2)			?)	SMALL ENTITY OTHER THAN								
FOR							7 -	PE _		OR S	MALL	ENTI	IŅ TY	
TOTAL CH	TOTAL CHARGEARIE			NUMBER FILED		NUMBER EXTRA		RATE SIC FEE	FEE		RATE	FE		
61	TOTAL CHARGEABLE CLAIMS		minus 20=		*				385.00	OR BA	SIC FEE	770.	00	
	INDEPENDENT CLAIMS MULTIPLE DEPENDENT CLAIM PE			us 3 =	*		X	\$ 9=	_	OR X	\$18=		7	
			ESENT	<u>·</u>			, x	43=		OR X	86=		$\dashv$	
* If the diffe	rence in colun	nn 1 is le:	ss than zor				+1	45=		-			4	
	CLAIMS	AC AR	Chan	o, enter '	"0" in column	2	TO				90=			
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MA .	CLAIN REMAIN	AS IING		(Column HIGHES	ST	n 3)	SMA	LL ENT	ITY C	OT Or SM	HER T	HAN	1	
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	IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X43								OR >	(86=		1	٠.	
the entry in column the "Highest Numb	e entry in column 1 is less than the entry in column 2, write "0" in column 3.  Highest Number Previously Paid For" IN THIS SPACE is less than 3.											1_		
the "Highest Numb re "Highest Numbe	+14  ##Highest Number Previously Pald For" IN THIS SPACE is less than 20, enter "20."  ##Highest Number Previously Pald For" IN THIS SPACE is less than 20, enter "20."  ##Highest Number Previously Pald For" IN THIS SPACE is less than 3, enter "3."  ##Highest Number Previously Pald For" (Total or Independent) is the highest number found in the term of t								R +2	90= TOTAL			•	
70.07	- Teviously Paid	For" (Total	or Independen	t) is the hi	ও, enter "3." Ighest number fo	רוטטוד. und in H	TEE	!O	H ADDI	T FEE		1		
Rev. 10/03								IN XOO BIN	column 1	l <b>.</b> .		ŀ		